Fill in this inform	nation to identify	y your case:				
Debtor 1	Stanley First Name	L Middle Name	Wrenn Last Name	Ch.	eck if this is:	
Debtor 2	Cynthia	M Middle Name	Wrenn Last Name	— M	An amended filing	
(Spouse, if filing) First Name United States Bankruptcy Court for the:		NORTHERN DISTRICT OF TEXAS			A supplement showing postpetition	
Case number	18-33250-13				chapter 13 income as of the following date	
(if known)					MM / DD / YYYY	

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1.	Fill in your employment information.		Debtor 1		Debtor 2 or no	n-filing spou	se
	If you have more than one job, attach a separate page with information about	Employment status	✓ Employed☐ Not emplo		✓ Employed✓ Not employed		
	additional employers.	Occupation	Warehouse Worker		Cook		
	Include part-time, seasonal, or self-employed work.	Employer's name	Texas Division	on- The Salvation	Bubba's Cou	ntry Cafe	
	Occupation may include student or homemaker, if it	Employer's address	1221 Riverbe	end DR	P.O. Box 237 Number Street		
	applies.		Dallas, TX				
			<u>75247</u>		_		
					Kerens	тх	75144
			City	State Zip Code	City	State	Zip Code
		How long employed the	here? <u>5 yea</u>	rs	1 monti	h	_

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1

For Debtor 2 or

				non-filing spouse
2.	List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2.	\$1,035.13	\$1,006.42_
3.	Estimate and list monthly overtime pay.	3. +	\$0.00	\$0.00
4.	Calculate gross income. Add line 2 + line 3.	4.	\$1,035.13	\$1,006.42

Debto Debto	· · · · · · · · · · · · · · · · · · ·		Case num	nber (if known) 18-33	3250-13
			For Debtor 1	For Debtor 2 or non-filing spouse	
(Copy line 4 here	4.	\$1,035.13	\$1,006.42	
5.	List all payroll deductions:				
	5a. Tax, Medicare, and Social Security deductions	5a.	\$76.57	\$0.00	
;	5b. Mandatory contributions for retirement plans	5b.	\$0.00	\$0.00	
;	5c. Voluntary contributions for retirement plans	5c.	\$0.00	\$0.00	
	5d. Required repayments of retirement fund loans	5d.	\$0.00	\$0.00	
	5e. Insurance	5e.	\$31.05	<u>\$0.00</u>	
	5f. Domestic support obligations	5f.	\$0.00	\$0.00	
	5g. Union dues	5g.	<u>\$0.00</u>	\$0.00	
	5h. Other deductions. Specify: life insurance	5h.	\$43.98	\$0.00	
	Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h$.	6.	<u>\$151.60</u>	\$0.00	
7.	Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$883.53	\$1,006.42	
8.	List all other income regularly received:				
;	Ba. Net income from rental property and from operating a business, profession, or farm	8a.	\$0.00	\$0.00	
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.				
;	8b. Interest and dividends	8b.	\$0.00	\$0.00	
;	Bc. Family support payments that you, a non-filing spouse, or a dependent regularly receive	8c.	\$0.00	\$0.00	
	Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.				
	Bd. Unemployment compensation	8d.	\$0.00	\$0.00	
;	Be. Social Security	8e.	\$0.00	\$887.00	
•	Bf. Other government assistance that you regularly receive Include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.				
	Specify: Food Stamps	- 8f.	\$0.00	<u>\$101.00</u>	
	8g. Pension or retirement income	8g.	<u>\$0.00</u>	\$0.00	
;	Bh. Other monthly income. Specify: Daughter contribution to expenses	8h.	\$0.00	\$300.00	
9.	Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9.	\$0.00	\$1,288.00	
	Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	\$883.53	\$2,294.42 =	\$3,177.95
	State all other regular contributions to the expenses that you list in S include contributions from an unmarried partner, members of your housely friends or relatives.			r roommates, and other	
	Do not include any amounts already included in lines 2-10 or amounts that	at are r	not available to pay e	expenses listed in Sche	
;	Specify:			11. +	\$0.00
i	Add the amount in the last column of line 10 to the amount in line 11. ncome. Write that amount on the Summary of Your Assets and Liabilities f it applies.				\$3,177.95 Combined monthly income
13.	Do you expect an increase or decrease within the year after you file t	his fo	rm?		,
	✓ No. None. Yes. Explain:				

Ī	Fill in this inform	nation to iden	tify your case:						
	Debtor 1	Stanley	L	Wren	n		ck if this		
	Debior 1	First Name	Middle Name	Last Na				ended filing lement showing	postpetition
	Debtor 2	Cynthia	М	Wren	n	╽┕	chapte	r 13 expenses a	
	(Spouse, if filing)	First Name	Middle Name	Last Na			followin	ng date:	
	United States Bankr	ruptcy Court for th	ne: NORTHERN	DISTRICT O	FTEXAS		MM / D	D / YYYY	_
	Case number (if known)	18-33250-13							
0	fficial Form 10)6J				_			
S	chedule J: Yo	our Expens	es						12/15
na	rrect information. I	f more space is	needed, attach ano nswer every questi	ther sheet to	ling together, both a this form. On the to				
1.	Is this a joint cas	e?							
2.	_ ✓ No	s. Debtor 2 must endents?		6J-2, Expense information	s for Separate House Dependent's relat Debtor 1 or Debto	ionshi		2. Dependent's age	Does dependent live with you? No Yes No Yes No Yes No Yes No Yes No No No
3.	Do your expense expenses of peop yourself and you	ole other than	☑ No □ Yes						Yes
j	Part 2: Estima	ate Your Ongo	oing Monthly Ex	cpenses					
to		of a date after the	he bankruptcy is fil	-	are using this form a a supplemental Sche			-	
	clude expenses paid ch assistance and h		-	-	u know the value of cial Form 106l.)			Your expens	ses
4.		•	penses for your read any rent for the grant				4	4	\$735.50
	If not included in	line 4:							
	4a. Real estate ta	axes					4	4a	
	4b. Property, hon	neowner's, or rent	ter's insurance				4	4b	
	4c. Home mainte	nance, repair, an	d upkeep expenses				4	4c	
	4d Homeowner's	accociation or o	ondominium dues					1d	

	otor 1 Stanley L Wrenn Cynthia M Wrenn	Case number (if known)	18-33250-13
		Your e	expenses
5.	Additional mortgage payments for your residence, such as home equity loans	5.	
6.	Utilities:	_	
	6a. Electricity, heat, natural gas	6a.	\$130.00
	6b. Water, sewer, garbage collection	6b	\$35.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c	\$75.00
	6d. Other. Specify:	6d.	
7.	Food and housekeeping supplies	7.	\$300.00
8.	Childcare and children's education costs	8	
9.	Clothing, laundry, and dry cleaning	9	
10.	Personal care products and services	10	\$50.00
11.	Medical and dental expenses	11	\$14.33
12.	Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.	12	\$230.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13	
14.	Charitable contributions and religious donations	14.	
15.	Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20.		
	15a. Life insurance	15a	\$20.30
	15b. Health insurance	15b.	\$14.33
	15c. Vehicle insurance	15c	
	15d. Other insurance. Specify:	15d.	
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Self Employment Taxes	16.	\$239.99
17.	Installment or lease payments:		· · · · · · · · · · · · · · · · · · ·
	17a. Car payments for Vehicle 1	17a.	\$225.00
	17b. Car payments for Vehicle 2	17b.	
	17c. Other. Specify:	17c	
	17d. Other. Specify:	17d.	
18.	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18	
19.	Other payments you make to support others who do not live with you. Specify:	19	

Debtor 1 Debtor 2		Stanley L Wrenn Cynthia M Wrenn	Case number (if known)	18-33250-13
		real property expenses not included in lines 4 or 5 of this form or on dule I: Your Income.		
	20a.	Mortgages on other property	20a	
	20b.	Real estate taxes	20b	
	20c.	Property, homeowner's, or renter's insurance	20c	
	20d.	Maintenance, repair, and upkeep expenses	20d	
	20e.	Homeowner's association or condominium dues	20e	
21.	Other	r. Specify:	21. +_	
22.	Calcu	ulate your monthly expenses.		
	22a.	Add lines 4 through 21.	22a	\$2,069.45
	22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b	
	22c.	Add line 22a and 22b. The result is your monthly expenses.	22c	\$2,069.45
23.	Calcu	late your monthly net income.		
	23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a	\$3,177.95
	23b.	Copy your monthly expenses from line 22c above.	23b. _ _	\$2,069.45
	23c.	Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c	\$1,108.50
24.	Do yo	ou expect an increase or decrease in your expenses within the year after you fil	le this form?	
	For example, do you expect to finish paying for your car loan within the year or do you expect yo payment to increase or decrease because of a modification to the terms of your mortgage?		, ,	
	✓ No. Yes. Explain here: None.			